



REQUEST FOR LEAVE

State Form 56 (R5 / 2-02)

Form Approved by State Board of Accounts, 2002 (use optional - at discretion of agency)

Date

INFORMATION: 1. *This standard optional leave request form is for internal use by state agencies that determine it will serve their needs better than their existing leave request procedures.*
2. *State Agencies must obtain this form from the Central Printing Services.*

Employee's Name				Title				
Employee's Signature				Division or Location				
Type of Leave Requested								
<input type="checkbox"/> Vacation <input type="checkbox"/> Personal <input type="checkbox"/> Sick <input type="checkbox"/> Compensatory Time-off <input type="checkbox"/> Military <input type="checkbox"/> Family Leave <input type="checkbox"/> Other _____								
Dates Requested			Time Absence Starts		Time Absence Ends		Requested Leave Hours	Current Balance of Hours
From _____ through _____			<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> AM <input type="checkbox"/> PM			
Comments								
Supervisor's Signature			<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Date	Approving Authority's Signature		<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Date

DISTRIBUTION: White - Approving Authority; Canary - Supervisor; Pink - Employee